
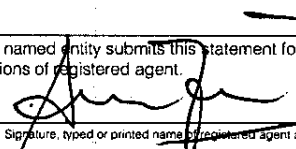
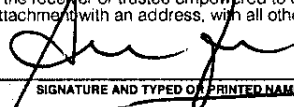


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90007 037 ***150.00

DOCUMENT # P03000004230 1. Entity Name PATAGONES, INC.			
Principal Place of Business 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131		Mailing Address 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131	
2. Principal Place of Business 81 SW 19 ROAD Suite, Apt. #, etc.		3. Mailing Address 81 SW 19 ROAD Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33129		Zip 33129	
Country		Country	
4. FEI Number 26-0058475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CODINO, SERGIO 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name BARUJEL, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 81 SW 19 ROAD City MIAMI FL Zip 33129	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  ALEJANDRO BARUJEL DATE: 07/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIZZO, FABIAN 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 SW 19 ROAD MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CODINO, SERGIO 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 SW 19 ROAD MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARUJEL, ALEJANDRO 905 BRICKELL BAY DR STE 1929 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 SW 19 ROAD MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  ALEJANDRO BARUJEL		Date: 07/27/04 Daytime Phone #: (305) 858-6677	